STAN000001 MKUMAR

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/6/2025

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

| PRODUCER | CONTACT NAME: Heidi Patton |
|---|---|
| Robertson Ryan - Waukesha<br>20975 Swenson Drive, Suite 175<br>Waukesha, WI 53186 | PHONE (A/C, No, Ext): (414) 270-6832 1832 FAX (A/C, No): (262) 717-9436<br>E-MAIL ADDRESS: hpatton@robertsonryan.com |

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : American Alternative Insurance Corp | 19720N |
| INSURER B : CNA Casualty of California | 20435 |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

**INSURED**

St. Andrew Square Condominium Association, Inc
c/o Ogden & Company, Inc.
1665 N Water St
Milwaukee, WI 53202

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | $ 1,000,000 |
| | [ ] CLAIMS-MADE [X] OCCUR | | | CAU530135-2 | 1/1/2025 | 1/1/2027 | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 1,000,000 |
| | | | | | | | MED EXP (Any one person) | $ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 0 |
| | X POLICY [ ] PRO-JECT [ ] LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 1,000,000 |
| | [ ] OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | [ ] ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | [ ] UMBRELLA LIAB [ ] OCCUR | | | | | | EACH OCCURRENCE | $ |
| | [ ] EXCESS LIAB [ ] CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | [ ] DED [ ] RETENTION $ | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | | | | | | [ ] PER STATUTE [ ] OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH) | N / A | | | | | E.L. EACH ACCIDENT | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| A | Property | | | CAU530135-2 | 1/1/2025 | 1/1/2027 | Buildings | 26,339,260 |
| B | Crime | | | 619052702 | 1/1/2025 | 1/1/2026 | Employee Dishonesty | 25,000 |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**Buildings are written with Guaranteed Replacement Coverage**
**42 units**
**Special Form including wind and hail**
**$5,000 per unit ice damming deductible**
**$5,000 property deductible**
**1% per building wind and hail deductible**
**Equipment Breakdown included**
**SEE ATTACHED ACORD 101**

**CERTIFICATE HOLDER**

Ogden & Company, Inc.
1665 N. Water Street
Milwaukee, WI 53202

**CANCELLATION**

**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.**

**AUTHORIZED REPRESENTATIVE**





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AGENCY CUSTOMER ID: STAN000001 MKUMAR

LOC #: 0

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| Robertson Ryan - Waukesha | St. Andrew Square Condominium Association, Inc<br>c/o Ogden & Company, Inc.<br>1665 N Water St<br>Milwaukee, WI 53202<br>Milwaukee |
| POLICY NUMBER<br>SEE PAGE 1 | |
| CARRIER: SEE PAGE 1 — NAIC CODE: SEE P 1 | EFFECTIVE DATE: SEE PAGE 1 |

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Description of Operations/Locations/Vehicles:**
**Ordinance or Law included**
**Inflation Guard**
**Waiver of Subrogation**
**Severability of Interests**
**10 day notice of cancellation**
**Bare walls**

**18575 Saint Andrews Ln. Brookfield WI 53045**
**18625 Saint Andrews Ln. Brookfield WI 53045**
**18675 Saint Andrews Ln. Brookfield WI 53045**
**18650 Saint Andrews Ln. Brookfield WI 53045**
**18590 Saint Andrews Ln. Brookfield WI 53045**
**18710 Saint Andrews Ln. Brookfield WI 53045**
**18515 Saint Andrews Ln. Brookfield WI 53045**
**18465 Saint Andrews Ln. Brookfield WI 53045**
**3930 Saint Andrews Ct. Brookfield WI 53045**
**3970 Saint Andrews Ct. Brookfield WI 53045**
**3955 Saint Andrews Ct. Brookfield WI 53045**
**18500 Saint Andrews Ct. Brookfield WI 53045**


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